

America versus India: Who is Less Burned Out?

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ABSTRACT

Burnout is fast being recognized as a syndrome causing significant negative consequences for patients, doctors and health institutions. Whereas the rates of burnout in the West for orthopaedic surgeons are high with roughly one in two orthopaedic surgeons burned out; we found that the burn out rate in Indian orthopaedic surgeons is much lower at one in four. Nonetheless, there is a need for a four-tiered approach to tackle the burnout epidemic.

INTRODUCTION

Burnout is a syndrome of emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment among individuals who work with people in some capacity [1]. Two common symptoms of burnout are treating patients and colleagues as objects rather than as human beings and feeling emotionally depleted. Doctors and other health care workers are believed to be particularly susceptible to burnout compared to the general public [2]. Burnout syndrome has gained traction in the medical community in the last two decades, in part due to its consequences. Burnout leads to increased rates of depression, health problems, suicide, alcohol and drug abuse among doctors. Patients are less satisfied with the care they receive from physicians experiencing burnout and institutions are less productive and there is increased absenteeism [3].

The use of a validated instrument to measure burnout, the Maslach Burnout Inventory, allows for cross-study and cross-country comparison. In their nationwide cross-sectional study, Shanafelt et al [4] found a burnout rate of 50% for orthopaedic surgeons in America, placing them in the top five list of most burned out specialties. Of note, orthopaedic department chairs had the lowest sense of personal accomplishment among all specialty department chairs [5].

In our study (unpublished; Shetty and co-workers) of burnout among Indian orthopaedic surgeons, we found a surprisingly low rate of burnout (23%). With a heavier workload, less time for professional development activities and high stress levels, the burnout rate for Indian surgeons was hypothesized to be more than their American counterparts. The low litigation rate and the strong cultural and family bonds in the Indian population may offset the work variables to some extent. A rider here is that the Indian data was accumulated from surgeons attending the annual orthopaedic society meeting, which may lead to bias.

Despite the low burnout rates, it is imperative for a four-tiered approach to tackle burnout: policy-makers, institutions and hospitals, the government and doctors themselves. Proposed interventions include burnout and bonding workshops, yoga sessions for faculty and residents, group bonding activities, time off for personal and professional development, encouragement of research half or full days, and regulation of work-hours and work-load.

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